CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 03/18)

I. CIR./DIST./ DIV. CODE	VOUCHER NUMBER						
B. MAG. DKT./DEF. NUMBER	4. I	DIST. DKT./DEF. NU	MBER	5. APPEALS DKT./DEF. NUMBER 6. OTHER			NUMBER
IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY Felony Misdemeanor Other Appeal				9. TYPE PERSON REF ☐ Adult Defendant ☐ Juvenile Defendant ☐ Other	☐ Appellant	10. REPRESENTATION TYPE (See Instructions)	
OFFENSE(S) CHARGED (Cite		**	an one offense, list (1		harged, according to	severity of offense.	
					NG CD IDE		
2. PROCEEDING IN WHICH TR				ATION FOR TRA	NSCRIPT		
z. Thousand it willou it.		O BE OBED (Beserve	o ortegey)				
3. PROCEEDING TO BE TRANS argument, defense argument, pr						nent, defense opening	statement, prosecution
4. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost % of transcript with (Give case name and defendant)							
B. 14-Day Expedited 3-Day Daily Hourly Realtime Unedited							
C. Prosecution Opening		☐ Prosecution Argur		cution Rebuttal	I I		
□ Defense Opening Statement □ Defense Argument □ Voir Dire □ Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
5. ATTORNEY'S STATEMENT	ze Act.			16. COURT ORDER			
As the attorney for the person rep transcript requested is necessar authorization to obtain the transcri to the Criminal Justice Act.	y for adequate	representation. I, th	erefore, request	Financial eligibility of satisfaction the autho	of the person represer rization requested in I	ted having been estal tem 15 is hereby gran	olished to the Court's ted.
Signature of Attorney Date Signature of Presiding Judge or By Orde							Court
Printed Name Telephone Number:				Date of Order No		Nunc P	ro Tunc Date
☐ Panel Attorney ☐ Retain	ed Attorney	☐ Pro-Se ☐ 1	Legal Organization				
7. COURT REPORTER/TRANSC	RIRER STATIS	2	CLAIM FOR	18. PAYEE'S NAME	AND MAILING ADI	ORESS	
				TO. TATLE STANKE	AND WALLING ADI	ALSS	
☐ Official ☐ Contract	☐ Transcr	riber	r				
9. SOCIAL SECURITY NUMBER	R OR EMPLOYE	ER ID NUMBER OF P	AYEE				
					Telephone N	lumber:	
0. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original							
Сору							
Expense (Itemize)							
TOTAL AMOUNT CLAIME							<u> </u>
 CLAIMANT'S CERTIFICATION I hereby certify that the above of these services. 			ect, and that I have n	ot sought or received paym	nent (compensation or	anything of value) fro	m any other source for
Signature of Claimant/Payee					Date		
				ERTIFICATION			
2. CERTIFICATION OF ATTOR	NEY OR CLERK	I hereby certify that	the services were re-	ndered and that the transcri	pt was received.		
	Signature of A	ttorney or Clerk			Date		
		•	FOR PAYME	NT — COURT US	E ONLY		
3. APPROVED FOR PAYMENT						24. AMOUN	T APPROVED
	ionature of Indo	e or Clerk of Court			Date		
i)	-5or sudge	Cicin of Court				1	